

<b>Department of Homeland Security</b> U. S. Coast Guard CG PSC-1038/CIV (Rev. 07/2008)	<h2 style="margin: 0;">U. S. Coast Guard Civilian PCS Advance Request</h2>	
Upon receipt of Permanent Change of Station (PCS) orders, employees may request an advance of funds to assist with moving expenses.		
<b>Employee's Responsibility</b> <ul style="list-style-type: none"> <li>Complete and submit this advance request, along with a copy of your PCS orders.</li> <li>Create an EFT account using FINCEN's enrollment link: <a href="https://www.fincen.uscg.mil/secure/enrollment_form.htm">https://www.fincen.uscg.mil/secure/enrollment_form.htm</a></li> <li>Submit travel claim to liquidate the advance after each segment of your PCS move.</li> <li>If settlement of the advance is not made within 45 working days after receipt, the advance funds may be deducted from your regular pay. Submission of a travel voucher is required.</li> <li>Items that are mandatory fields to be filled out in order for processing of the employee's advance request are indicated with (*).</li> <li>Advance requests and completed claims should be submitted:</li> </ul> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <b>By Mail</b> Commanding Officer (TVL)            Coast Guard Personnel Service Center            444 SE Quincy St.            Topeka, KS 66683         </div> <div style="width: 45%; text-align: right;"> <b>By Fax</b> Civilian PCS Claims Examiner            Attn: C. Gallemore            (785) 339-3775         </div> </div>		
To request and advance, complete the following (including the estimated cost of tickets, rental cars, ect.):		
1. *Name:	2. *Employee ID Number:	
4. *Work Phone Number	5. *Home Phone Number	3. *Grade:
6. *TONO:		
7. *Mailing Address:		
<b>8. House Hunting (HHT)</b> Advance for House Hunting Trip? <input type="checkbox"/> Number Of Day(s) _____ With Spouse <input type="checkbox"/> Without Spouse <input type="checkbox"/> HHT Mileage (POV) _____ HHT Airfare \$ _____ HHT Rental Car \$ _____		
<b>9. Enroute Travel (PCS Move)</b> Enroute Mileage (POV) _____ With Family <input type="checkbox"/> Without Family <input type="checkbox"/> Number of Dependents _____ Enroute Per Diem <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>10. Temporary Quarters (TQSE)</b> TQSE 1 <sup>st</sup> 30 Days _____ TQSE 2 <sup>nd</sup> 30 Days _____ With Family <input type="checkbox"/> Without Family <input type="checkbox"/> TQSE 3 <sup>rd</sup> 30 Days _____ (if approved on orders) TQSE 4 <sup>th</sup> 30 Days _____ (if approved on orders) Number of Dependents _____		
11. *Signature:		12 *Date:
<small>In compliance with Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investigations of the performance of official duty while in Government service. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension of your advance of funds request.</small>		